

Request For Quotation/ Invitation To Bid Issued by State of Indiana

Vendor 9999999999
Remit to: PUBLIC NOTICE TO VENDORS
STATE OF INDIANA
DEPARTMENT OF ADMINISTRATION IN

Name&Address of Vendor: 9999999999
PUBLIC NOTICE TO VENDORS
STATE OF INDIANA
DEPARTMENT OF ADMINISTRATION IN

RFQ/ITB 425-9468	Date 12/21/2009	Delivery Date 01/15/2010	Page 1 of 3
Fund/Object/Center:			
Dept Number:			
Project Number:			
Requisition No:			
Buyer:		M257613	
Reporting Code:			
Federal ID:			
Agency Number:		00425	
Facility:		Evansville State Hospital	

Ship To: Evansville State Hospital
3400 LINCOLN AVE
EVANSVILLE IN 47714-0146

Please Follow Instructions Included in Solicitation Package
Must be returned by(time and date): **12/21/2009 09:14:40**
Request Information from Buyer listed in Box in Upper Right Corner

****NOTICE:** All prices are assumed valid for ninety (90) days from Quotation opening date unless otherwise noted.

Line	Quantity	UOM	Item No/Description	(FOB Destination)	Unit Price	Extended Amt
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Units will provide security control to the access of controlled and after-hour medications and medication management issues. Unit must include a refrigerator or security for the existing refrigerator -- as specified in the bid package.

1	1.00	EA	PHARMACEUTICAL NARCOTIC STORAGE UNIT AND AFTER HOURS CABINET			
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Narcotic storage unit requirements:

1. Storage for up to 100 different items
2. Ability to customize storage areas based on size and quantity of medications
3. Area of cabinet that can be set aside for storage of expired controlled substances
4. Administrator controlled multi-level user access
5. Ability to accommodate up to 10 users with different levels of access
6. Documentation: current inventory, user activity, activity per drug, activity per unit, expired medication inventory
7. Preferred unit size is 3' x 3'
8. Included: all external computer hardware necessary for the operation of the unit
9. Uses standard 110 VAC electric power
10. On-site training for staff and system administrator - please describe in the space below:

11. Warranty - please describe in the space below

Please note any variances your product has to the above requirements in the space below:

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Optional:

1. Software: inventory control software monitoring lots and expiration dates for recalls and returns
2. Tamper resistant door
3. Access denial to unauthorized areas once user is in cabinet

After-hour cabinet requirements:

1. Storage for up to 250 different unit dose medications
2. Secure access for up to 30 different nurses and 10 pharmacy staff - security controlled by system administrator
3. The ability to allow administrative duties, such as, the capability to add/delete/restrict access of staff with lower levels of security), for nurses
4. Ability to customize drawers based on medication package size
5. Maximum space allowed for unit: 5' x 3' (refrigerator included); prefer depth less than 3'
6. Uses standard 110 VAC electric power
7. On-site training for system administrator and nursing staff - please describe in the space below:

8. Warranty - please describe in the space below:

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Refrigerator requirements:

1. Dorm sized with access controlled through the after hour cabinet
2. Uses standard 110 VAC electric power
3. Warranty - please describe in the space below:

Note: Hospital will accept a locking device for an existing refrigerator in lieu of a refrigerator if it can provide the same security requirement

Optional:

1. Different security levels within the refrigerator for controlled and non-controlled medications

NOTE TO VENDORS: Due the difference in manufacturer's product, space has been provided in the body of the Request for Quote to allow vendor's to describe their product in detail and how it meets the above requirements.

The following UN/CEFACT Unit of Measure
Common Codes are used in this document:
EA Each

To be valid, all Quotations/Bids must be Signed manually. The State of Indiana reserves the right to accept or reject whole or any part of, the foregoing Quotation/Bid.	Representative Signature certifies no quotation/bid on this request has been submitted by officers, representatives or an affiliate of this firm under another name.		When can you ship?
	Please correct above Address	Typed Name of Representative	Telephone Number ()
		Title of Representative	Date of Quotation